

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101023757

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7		2				
8		2				
9		2				
10		6				
11		6				
12		6				
13		6				
14		1				
15	1					
16		1				
17	1					
18		1				
19						
20						
21						
22						
23						
24						
25						
26	1					
27						
28						
29						
30						
31						
32		2				
33		2				
34						
35						
36						
37	1					
38		1				
39	1					
40						
41						
42						
43						
44						
45						
46	1					
47	1					
48	1					
49		1				
50	1					
TOTAL IND.	11					
TOTAL DEP.		27				
TOTAL CLAIMS	38					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54	1					
55						
56						
57						
58						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS